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PTO/SB/01 (12-97)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☒ Declaration OR Submitted with Initial Filing

☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number		1-2-104.103			
First Named Invento	r	Dick et al.			
COMPL	ETE II	FKNOWN			
Application Number	Not				
Filing Date	No				
Group Art Unit	No				
Examiner Name	No	t Yet Known			

As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, firs									
names are listed below) of th									
BASE STATION SYNCHRONIZATION FOR WIRELESS COMMUNICATION SYSTEMS									
the specification of which (Title of the Invention)									
ine specification of which (Title of the Invention) is attached hereto									
OR									
was filed on (MM/DD/YYYY) as United States Application Number or PCT International									
Application Number and was amended on (MM/DD/YYYY) (if applicable).									
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to disc	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.								
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I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application Foreign Filing Date Priority Certified Copy Attached?									
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES NO					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:									
I hereby claim the benefit und	er 35 U.S.C. 119(e) of an	y United States provisional	application(s) lis	ted below.					
Application Number(s)	Filing Dat	e (MM/DD/YYYY)							
60/223,405	08/0	04/2000	Additio	onal provisional application					
60/195,543	Additional provisional application								
	1								

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filling date of the prior application and the national or PCT international filling date of this application.											
U.S. Pa	rent Application		PCT Paren	t			iling Date D/YYYY)			ent Patent N (if applicab	
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.											
As a named inventor, I	hereby appoint the	e followir	ng registered p	ractitioner(this application	n and to	transac		
and Trademark Office	CONNECTED INCIDENT		Customer Num OR	ber	24	374		-	^	Place Custo Number Bar	
			Registered pra		name/	registrati	ion number lis	ted belo	<u>" </u>	Label hei	
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Volpe and Koenig, InterDigital Commu		ion									ŀ
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Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.											
Direct all correspondence to: X Customer Number or Bar Code Label 24374 OR Correspondence address below							ress below				
VOLPE AND KOENIG, P.C. Name DEPT ICC											
Address											
Address											
City					St	tate		ZIP			
Country			Telepho	ne				Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.											
Name of Sole or First inventor:							ntor				
Given Na	ame (first and mi	iddle [if	anyl)				Family	/ Name	or Sur	name	
Stephen G.					Dick						
Inventor's Signature					Date					Date	
Residence: City	Nesc	onse	t _{State}	NY		Country USA Citizensh				Citizenship	USA
Post Office Address	61 Bobar	nn Di	rive								
Post Office Address				·							
City	Nesconset	Nesconset State NY z				11767 Country			ntry	USA	
■ Additional invent	ors are being na	imed or	nthe 1 su	pplement	al Add	itional I	inventor(s) s	heet(s)	PTO/S	SB/02A attac	hed hereto



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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page _1_ of _1_

Name of Additional Joint Inventor, if any:											
Given Name (first and middle [if any]) Family Name or Surname											
Eldad Zeira											
Inventor's Signature	Date										
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Post Office Address	239 West Neck Road										
Post Office Address	8										
City	Huntington	State	N,	Y	ZIP	11743	Country	ountry		USA	
Name of Additional Joint Inventor, if any:											
Given Name (first and middle [if any]) Family Name or Surname											
Inventor's Signature	Date										
Residence: City		c	ountry			Citizer	ship				
Post Office Address	988										
Post Office Address											
City		State			ZIP		Cour	atry			
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any]) Family Name or Surname											
Inventor's Signature						Da	Date				
Residence: City	State				Country Citizenship						
Post Office Address											
Post Office Address									_		
City		State			ZIP		٥	ountry			

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